

BIRTH NO. _____		REG. DIST. NO. <u>313</u>		PRIMARY REG. DIST. NO. <u>6013</u>		Registrar's No. <u>338</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Fabius</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Fabius</u>		<u>0980</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>JAMES ROY SCHUBACH</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31-1950</u>			
5. SEX <u>M. O</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 3-1880</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harmer</u>		11. BIRTHPLACE (State or foreign country) <u>Downing Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nicholas Schubach</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Bridges</u>		13c. NAME OF HUSBAND OR WIFE <u>Mahel Schubach</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>13456 9876</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mahel Schubach Downing Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a); (b); and (c) <u>*This does not mean the mode of dying, such as heart failure, ashtenia, etc. It means the disease, injury, or complication which caused death.</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 31</u> , 19 <u>50</u> , to <u>Oct 31</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 31</u> , 19 <u>50</u> , and that death occurred at <u>11:26</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R.E. Vaughn D.O.</u>				23b. ADDRESS <u>Lancaster, Mo</u>		23c. DATE SIGNED <u>11/2/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 2-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Downing</u>		24d. LOCATION (City, town, or county) (State) <u>Downing Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 7-1950</u>		REGISTRAR'S SIGNATURE <u>Wm. A. J. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lloyd Moore Downing Mo.</u>			
(Licensed Embalmer's Statement on Reverse Side)							

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1952

Date Received: NOV 13 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-19
Date Filed: NOV 14 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Douglas Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.